

GENERAL FACT SHEET

BILL NUMBER 13R-41

BRIEF TITLE

APPROVED DEADLINE

REASON

Lincoln-Lancaster County Health Department's Air

Quality Program 105 Grant Workplan Amendment

DETAILS

POSITIONS/RECOMMENDATIONS

<p>REQUEST FOR CONSENT AGENDA ITEM</p> <p>NO NEW CITY FUNDS OBLIGATED</p> <p>Amendment to the Agreement (amends Resolution A-87130 and A-86361) between the City of Lincoln on behalf of the Lincoln-Lancaster County Health Department and the Nebraska Department of Environmental Quality for the Health Department's Air Quality Program 105 Grant Workplan.</p> <p>The amendment provides an additional \$60,000.00 for the replacement of the Health Department's ozone monitor and expenses related to said replacement.</p>	Sponsor	
	Program Departments, or Groups Affected	
	Applicants/Proponents	<p>Applicant</p> <p>City Department</p> <p>Other</p>
<p>Discussion (Including Relationship to other Council Actions)</p>	Opponents	<p>Groups or Individuals</p> <p>Basis of Opposition</p>
	Staff Recommendations	<input type="checkbox"/> For <input type="checkbox"/> Against Reason Against
	Board or Commission Recommendation	<p>BY</p> <input type="checkbox"/> For <input type="checkbox"/> Against <input type="checkbox"/> No Action Taken <input type="checkbox"/> For with revisions or conditions (See Details column for conditions)
	CITY COUNCIL ACTIONS (For Council Use Only)	<input type="checkbox"/> Pass <input type="checkbox"/> Pass (As Amended) <input type="checkbox"/> Council Sub. <input type="checkbox"/> Without Recommendation <input type="checkbox"/> Hold <input type="checkbox"/> Do not Pass

DETAILS
POLICY/PROGRAM IMPACT

	POLICY OR PROGRAM CHANGE	<input type="checkbox"/> NO <input type="checkbox"/> YES 	
	OPERATIONAL IMPACT ASSESSMENT	 	
	FINANCES		
	COST AND REVENUE PROJECTIONS	COST of total project: \$ COST of this Ordinance/ Resolution \$	
		RELATED annual operating Costs \$	
		INCREASE REVENUE EXPECTED/YEAR \$	
	SOURCE OF FUNDS	CITY [Approximately] _____ \$ _____ % _____ \$ _____ % _____ \$ _____ % _____ \$ _____ % _____ \$ _____ %	
		NON CITY [Approximately] _____ \$ _____ % _____ \$ _____ % _____ \$ _____ % _____ \$ _____ % _____ \$ _____ %	
BENEFIT COST			
<input type="checkbox"/> Front Foot Average Assessment			
<input type="checkbox"/> Square Foot \$ _____ \$ _____			

APPLICABLE DATES:

FACT SHEET PREPARED BY: Elaine Severe - 402-441-8093

REVIEW BY:

REFERENCE NUMBER